

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2016
NAME OF PROVIDER OR SUPPLIER CHAMPIONS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1007 PORTERS NECK ROAD WILMINGTON, NC 28411		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Frank Strickland on March 17, 2016. Based on the information in our files, the facility was first licensed as a Home for the Aged for One Hundred Forty-Eight (148) Beds on April 27, 2000. Based on this information, we are requiring the facility to meet the the 1996 Rules for the Licensing of Adult Care Homes; applicable portions of the 2005 Regulations for Adult Care Homes; and the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I - Unrestrained.	C 000		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the clothes dryer exhaust system safe. This could affect the occupants of the building by allowing lint to build-up in the exhaust ducts, possibly allowing combustion of the flammable lint. Findings include:	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	Continued From page 1 a- The dryer vent covers and flaps on the exterior of the building are broken or missing.	C 189		